

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-36126 United States Bankruptcy Court Southern District of Texas FILED JUL 31 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): La Quinta-Mcallen	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**3-DIGIT 785 La Quinta-Mcallen 1100 S 10th St McAllen TX 78501-5042 	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor: Acct. 187		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>Housing</u> 3/14/00 - 1627.20		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 3/19/00 - 164.98 2/14/00 - 164.98		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1957.16 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input checked="" type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		1189	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7/24/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Margaret Garcia		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



McAllen #111
1100 South 10th Street
McAllen, TX 78501-5022
(956) 687-1101

1111 MCALLEN
1100 SOUTH 10TH
MCALLEN, TX 78501 USA
956-687-1101 956-687-9265

**RUBY KING
STAGE STORES INC.**

10201 MAIN STREET

HOUSTON, TX 77025

STATEMENT
Account: 0187
Date: 3/14/00

DATE	INVOICE DESCRIPTION	ORIGINAL AMT	AMOUNT PAID
02/08/00	403 DIRECT BILL #31819, RAEL, LOU	164.98	0.00
02/14/00	573 DIRECT BILL #32722, RAEL, LOU	164.98	0.00
03/14/00	573 DIRECT BILL #32288, RAEL, LOU	1,627.20	0.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE DUE
\$1,792.18	\$164.98	\$0.00	\$0.00	\$0.00	\$1,957.16



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RUBY KING
STAGE STORES INC.
10201 MAIN STREET

HOUSTON, TX 77025

INVOICE
Account: 0187
Date: 3/14/00

INVOICE DATE	DESCRIPTION		ORIGINAL AMT	AMOUNT DUE
573				
02/14/00	FRONT OFFICE DB	DIRECT BILL #32722, RAEL, LOU	\$164.98	\$164.98
03/14/00	FRONT OFFICE DB	DIRECT BILL #32288, RAEL, LOU	\$1,627.20	\$1,627.20

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE DUE
\$1,792.18	\$0.00	\$0.00	\$0.00	\$0.00	\$1,792.18



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MCALLEN, TX 78501
956-687-1101

RAEL, LOUIS
STAGE STORES
SUITE 400 1177 WEST LOOP SOUTH
HOUSTON, TX 77027

Account: 32722
Arrival: 2/10/00
Departure: 2/12/00
Rate: \$73.00
Room: 130

DATE	DESCRIPTION	COMMENT	CHARGE/PAYMENT	BALANCE
2/10/00	9999	MOVIES	130/211344/37	\$10.77
2/10/00	MVYTX	MOVIE SALES TAX	MOVIE SALES TAX	\$0.83
2/10/00	ROOM	ROOM	#130 RAE, LOUIS	\$73.00
2/10/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$5.11
2/10/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$4.38
2/11/00	9999	MOVIES	130/211015/43	\$9.69
2/11/00	MVYTX	MOVIE SALES TAX	MOVIE SALES TAX	\$0.75
2/11/00	ROOM	ROOM	#130 RAE, LOUIS	\$73.00
2/11/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$5.11
2/11/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$4.38
2/12/00	CV	VISA PAYMENT	VISA PAYMENT	(\$22.04)
2/12/00	DB	DIRECT BILL	DIRECT BILL #32722	(\$164.98)
BALANCE DUE				0.00

Signature: _____

I agree that my liability for this bill is not waived.



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1111 MCALLEN
1100 SOUTH 10TH
MCALLEN, TX 78501-
956-687-1101

RAEL, LOUIS
STAGE STORES

Account: 32288
Arrival: 2/13/00
Departure: 3/11/00
Rate: \$110.00
Room: 241

DATE	DESCRIPTION		COMMENT	CHARGE/PAYMENT	BALANCE
2/13/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$90.00
2/13/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$96.30
2/13/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$101.70
2/14/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$191.70
2/14/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$198.00
2/14/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$203.40
2/15/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$293.40
2/15/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$299.70
2/15/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$305.10
2/16/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$395.10
2/16/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$401.40
2/16/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$406.80
2/17/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$496.80
2/17/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$503.10
2/17/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$508.50
2/18/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$598.50
2/18/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$604.80
2/18/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$610.20
2/19/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$700.20
2/19/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$706.50
2/19/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$711.90
2/20/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$801.90
2/20/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$808.20
2/20/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$813.60
2/21/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$903.60
2/21/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$909.90
2/21/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$915.30
2/22/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,005.30
2/22/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,011.60
2/22/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,017.00
2/23/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,107.00
2/23/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,113.30
2/23/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,118.70
2/24/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,208.70
2/24/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,215.00
2/24/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,220.40
2/25/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,310.40
2/25/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,316.70
2/25/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,322.10
2/26/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,412.10
2/26/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,418.40
2/26/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,423.80

Signature: _____

I agree that my liability for this bill is not waived.

RAEL, LOUIS
STAGE STORES

Account: 32288
Arrival: 2/13/00
Departure: 3/11/00
Rate: \$110.00
Room: 241

DATE	DESCRIPTION		COMMENT	CHARGE/PAYMENT	BALANCE
2/27/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,513.80
2/27/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,520.10
2/27/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,525.50
2/28/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,615.50
2/28/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,621.80
2/28/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,627.20
2/29/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,717.20
2/29/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,723.50
2/29/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,728.90
3/1/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,818.90
3/1/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,825.20
3/1/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,830.60
3/2/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$1,920.60
3/2/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$1,926.90
3/2/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$1,932.30
3/3/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$2,022.30
3/3/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$2,028.60
3/3/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$2,034.00
3/4/00	ROOM	ROOM	#241 RAE, LOUIS	\$90.00	\$2,124.00
3/4/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	\$6.30	\$2,130.30
3/4/00	OSTAX	STATE OCC TAX	STATE OCC TAX	\$5.40	\$2,135.70
3/11/00	ROOM	ROOM	ROOM030500	(\$90.00)	\$2,045.70
3/11/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	(\$6.30)	\$2,039.40
3/11/00	OSTAX	STATE OCC TAX	STATE OCC TAX	(\$5.40)	\$2,034.00
3/11/00	ROOM	ROOM	ROOM03/06/00	(\$90.00)	\$1,944.00
3/11/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	(\$6.30)	\$1,937.70
3/11/00	OSTAX	STATE OCC TAX	STATE OCC TAX	(\$5.40)	\$1,932.30
3/11/00	ROOM	ROOM	ROOM03/08/00	(\$90.00)	\$1,842.30
3/11/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	(\$6.30)	\$1,836.00
3/11/00	OSTAX	STATE OCC TAX	STATE OCC TAX	(\$5.40)	\$1,830.60
3/11/00	ROOM	ROOM	ROOM03/09/00	(\$90.00)	\$1,740.60
3/11/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	(\$6.30)	\$1,734.30
3/11/00	OSTAX	STATE OCC TAX	STATE OCC TAX	(\$5.40)	\$1,728.90
3/11/00	ROOM	ROOM	ROOM03/10/00	(\$90.00)	\$1,638.90
3/11/00	OCTYTX	CITY OCC TAX	CITY OCC TAX	(\$6.30)	\$1,632.60
3/11/00	OSTAX	STATE OCC TAX	STATE OCC TAX	(\$5.40)	\$1,627.20
3/11/00	DB	DIRECT BILL	DIRECT BILL #32288	(\$1,627.20)	\$0.00
				BALANCE DUE	0.00

Signature: _____

I agree that my liability for this bill is not waived.